

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

CERTIFICATE AMENDED SEE NOTATION

Items 2 and 8 amended by Affidavits of
registrant, mother and sister and
insurance records (7-10-40 tons)
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 133
Registered No. 13

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village
City Globe No. (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

2. Full name of child William James Walter - Waters (If child is not yet named, make supplemental report, as directed.)
3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other ✓ 5. Legitimate? yes 7. Date of birth Jan. 5, 1931
(Month Day Year)

8. FATHER Waters 14. MOTHER
Full name William James Walter Full maiden name Annie Glesson

9. Residence (Usual place of abode) Globe, Ariz. 15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 42 (Years) 16. Color or race white 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Butte, Montana 18. Birthplace (city or place) Globe, Arizona
(State or country) (State or country)

13. Occupation Miner 19. Occupation Housewife
Nature of Industry Nature of Industry

20. Number of children of this mother Three (a) Born alive and now living three
(Taken as of time of birth of child herein (b) Born alive but now dead none
certified and including this child.) (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15 p.m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. E. Wightman (Physician or midwife.)
physician

Given name added from supplemental report. Address Globe, Arizona

Month, day, year

Filed 2/10 1931 J. E. Wightman Registrar

Registrar

662-105-175